PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 *(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818))*	Docket Number (Optional) 1999-31	**RECEIVED CENTRAL FAX CENTER**
Application Number 09/599,124	Filed 06/22/2000	**DEC 21 2004**
For Hierarchical Key Management		
Art Unit 7362	Examiner JOSEPH M. MCARDLE	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

		Fee	Small Entity Fee	
☐	One month (37 CFR 1.17(a)(1))	$120	$60	$ _____
☐	Two months (37 CFR 1.17(a)(2))	$450	$225	$ _____
☑	Three months (37 CFR 1.17(a)(3))	$1020	$510	$ $1020
☐	Four months (37 CFR 1.17(a)(4))	$1590	$795	$ _____
☐	Five months (37 CFR 1.17(a)(5))	$2160	$1080	$ _____

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☑ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number   50-1450 . I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the
☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.
    Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☑ attorney or agent of record. Registration Number 42,609

☐ attorney or agent under 37 CFR 1.34.
    Registration number if acting under 37 CFR 1.34 _____

Signature	12/21/2004
David G. Grossman	(703) 689-4881
Typed or printed name	Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

    01 FC:1253   1020.00 DA 501450 09599124

	Application or Docket Number
PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999	9,599/24

CLAIMS AS FILED - PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA		SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
				RATE	FEE		RATE	FEE
BASIC FEE					345.00	OR		690.00
TOTAL CLAIMS	32	minus 20=	12	X$ 9=		OR	X$18=	216
INDEPENDENT CLAIMS	2	minus 3 =		X39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT				+130=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2				TOTAL		OR	TOTAL	906

CLAIMS AS AMENDED - PART II

12/21/04

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
				RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
Total	32	Minus ** 32	=	X$ 9=		OR	X$18=	
Independent	2	Minus *** 2	=	X39=		OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+130=		OR	+260=	
				TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
Total		Minus **	=	X$ 9=		OR	X$18=	
Independent		Minus ***	=	X39=		OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+130=		OR	+260=	
				TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
Total		Minus **	=	X$ 9=		OR	X$18=	
Independent		Minus ***	=	X39=		OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+130=		OR	+260=	
				TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.